

## **Application for membership**

I apply for extraordinary membership as an individual member of the Ruth Cohn Institute for TCI international.

Name Firs	st name
Postcode / Town Stre	eet
PhoneMot	bile:
Date of birth E-M	1ail
The following information is voluntary. They help us, for example, by helping to establish relationships between people in the same professional field.	
Profession Fiel	ld of work
Status of TCI training star	rted on
Certificate	
Diploma Gra	aduation

I have read and accept the statutes of the Ruth Cohn institute for TCI international. I agree that the data provided may be used for internal association purposes and have completed and signed the attached data protection declaration accordingly.

The annual membership fee is currently **120,00 Euro** and will be invoiced after conclusion of the contract.



<b>Data Protection Agreement / Declaration of consent</b> between the Ruth Cohn-Institute for TCI international - represented by the Board and	
Name, First Name	
Adresse	
The personal data provided in the application for membership, in particular name, address, telephone number, bank details, which are necessary and required solely for the purpose of implementing the contractual relationship (membership) arising, are collected on the basis of legal authorisations.	
The data is stored in the central database of RCI-international and its member clubs. Your personal data will be used within the framework of the association's activities and will not be published on the internet. The association board hereby points out that sufficient technical measures have been taken to ensure data protection.	
If you so wish, the data will be used by RCI-international and its member associations in accordance with the aims and objectives of the association. This includes, among other things, the mailing of seminar offers, the RCI-NEWS published several times a year, invitations to events (congresses, network meetings, etc.) of RCI-international and its member associations. Please tick accordingly:	
$\hfill\Box$ I would like to receive information (news, invitations etc.) from RCI-international. $\hfill\Box$ I do not wish to receive any information.	
Upon request, you will be informed about the data stored about you and how it is processed and, if necessary, it will be corrected. At your request, we will delete your data at any time.  With my signature, I accept the terms of this privacy policy.	
Place, date, signature:	